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APPLICANTS

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 ** CONTINUING DATA *****

 ** FOREIGN APPLICATIONS *****

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>Alexander</i> Initials:	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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TITLE

Detection of patient mortality by an implantable medical device

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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